

MOTION FOR CONTINUANCEJD-CV-21 Rev. 2-03
C.G.S. § 52-196
P.B. § 14-23, 14-24STATE OF CONNECTICUT
SUPERIOR COURT
*www.jud.state.ct.us***COURT USE ONLY****MFCSE****INSTRUCTIONS TO PERSON MAKING MOTION**

Complete all sections and submit to the **Caseflow Office** or the person with caseflow responsibilities.
Please submit at least three days before the date of the scheduled event.

NAME OF CASE (First-named plaintiff v. First-named defendant)

JUDICIAL DISTRICT OF:

DATE OF MOTION

DATE OF SCHEDULED EVENT

COLUMN NO. (If applicable)

SEQUENCE NO. (If applicable)

NAME OF JUDGE WHO SCHEDULED EVENT FOR WHICH CONTINUANCE IS REQUESTED (If applicable)

DOCKET NO.

(S)

EVENT FOR WHICH CONTINUANCE IS REQUESTED: ("X" applicable box(es) and explain below)

- | | |
|--|--|
| <input type="checkbox"/> ARBITRATION | <input type="checkbox"/> FACT-FINDING |
| <input type="checkbox"/> ADMINISTRATIVE APPEAL HEARING | <input type="checkbox"/> JURY TRIAL |
| <input type="checkbox"/> ATTORNEY TRIAL REFEREE PROCEEDING | <input type="checkbox"/> HEARING IN DAMAGES |
| <input type="checkbox"/> COURT TRIAL | <input type="checkbox"/> PRETRIAL |
| <input type="checkbox"/> COURT-ANNEXED MEDIATION | <input type="checkbox"/> STATUS CONFERENCE |
| <input type="checkbox"/> EARLY INTERVENTION CONFERENCE | <input type="checkbox"/> TRIAL MANAGEMENT CONFERENCE |
| <input type="checkbox"/> EARLY NEUTRAL EVALUATION | <input type="checkbox"/> OTHER |

REASON(S) FOR CONTINUANCE REQUEST: ("X" reason(s) and provide explanation)

- | | |
|---|--|
| <input type="checkbox"/> COUNSEL NOT READY _____ | <input type="checkbox"/> LAY WITNESS NOT AVAILABLE (Name of witness) _____ |
| <input type="checkbox"/> DISCOVERY NOT COMPLETE _____ | _____ |
| <input type="checkbox"/> COUNSEL NOT AVAILABLE _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PARTY NOT AVAILABLE (Name of party) _____ | |
| <input type="checkbox"/> EXPERT WITNESS NOT AVAILABLE (Name of witness) _____ | |

*Continue explanation, if necessary:***For the above reason(s) I hereby request this case be continued to (date):** _____

I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the continuance is granted or denied, and if granted, the new date of the scheduled event. I have contacted all counsel and pro se parties of record regarding my intention to seek a continuance. ALL SUCH COUNSEL AND PRO SE PARTIES:

☐ **CONSENT** ☐ **DO NOT CONSENT** TO THE ABOVE MOTION FOR CONTINUANCE AND REQUESTED CONTINUANCE DATE.**PLEASE NOTE: Agreement to continue a matter does not assure that the motion for continuance will be granted by the court.**

SIGNED (Person making motion)

NAME OF ATTORNEY OR PRO SE PARTY (Print or type)

X

PERSON MAKING MOTION IS:

☐ PLAINTIFF ☐ DEFENDANT ☐ ATTORNEY FOR PLAINTIFF ☐ ATTORNEY FOR DEFENDANT

FIRM NAME, IF APPLICABLE

ADDRESS

PHONE NO. (with area code)

ORDER

MOTION FOR CONTINUANCE IS:

☐ GRANTED ☐ DENIED

MATTER CONT'D TO:

SIGNED (Judge)

DATE

I hereby certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on the date shown at right. A sheet is attached listing the name and address of each party served.

DATE COPIES MAILED/DELIVERED